

11/3/1

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	09/341299
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2	/						52	
3	/						53	
4	/						54	
5	/						55	
6	/						56	
7	/						57	
8	/						58	
9	/						59	
10	/						60	
11	/						61	
12	/						62	
13	/						63	
14	/						64	
15	/						65	
16	/						66	
17	/						67	
18	/						68	
19	/						69	
20	/						70	
21	/						71	
22	/						72	
23	/						73	
24	/						74	
25	/						75	
26	/						76	
27	/						77	
28	/						78	
29	/						79	
30	/						80	
31	/						81	
32	/						82	
33	/						83	
34	/						84	
35	/						85	
36	/						86	
37	/						87	
38	/						88	
39	/						89	
40	/						90	
41	/						91	
42	/						92	
43	/						93	
44	/						94	
45	/						95	
46	/						96	
47	/						97	
48	/						98	
49	/						99	
50	/						100	
TOTAL IND.	2						TOTAL IND.	
TOTAL DEP.	25						TOTAL DEP.	
TOTAL CLAIMS	27						TOTAL CLAIMS	